

Schedule Temporary
01/191/0

COMMONWEALTH OF KENTUCKY
DEPT. OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
(502) 564-4850 phone
(502) 564-1442 fax
<http://abc.ky.gov>

Site I.D. #

SCHEDULE "TEMPORARY" LICENSE

Applications may be returned if all questions are not answered completely.

LEAVE BLANK – FOR ABC USE ONLY

License # _____ \$ _____ Val. _____ License # _____ \$ _____ Val. _____

License # _____ \$ _____ Val. _____ License# _____ \$ _____ Val. _____

Malt Beverage Administrator's Approval _____ Date _____

Distilled Spirits Administrator's Approval _____ Date _____

(A). Name of person(s) or company to be licensed _____

Name of this special event _____

Address of premises to be licensed _____

(Where the alcoholic beverages will be sold)

City _____ County _____ State _____ 9 digit zip code _____

Mailing address if different from above _____

Contact person 8:00 am – 4:30 pm _____ e-mail address _____

Contact phone _____ Fax _____

List the type(s) of temporary license(s) you are applying for _____

(B).

1. Amount of fee enclosed... (Make certified check, cashier check or money order payable to **Kentucky State Treasurer**)..... \$ _____.

(See fee chart on the back page of this application)

2. Period to be covered by license from (month) _____ (day) _____ (year) _____. Through

(Month) _____ (day) _____ (year) _____.
(Each event requires a separate application, fee and license.)

3. **WHAT IS THE DATE (S) AND TIME (S) OF YOUR SPECIAL EVENT?** _____.

4. Kentucky law limits temporary licenses to public events.

Therefore, do you agree not to exclude the public from this special event? ☐ Yes ☐ No

5. Are you the owner of the real estate where the premises are to be licensed? ☐ Yes ☐ No

If no, attach a copy of your lease or letter of permission to use this property, signed by you and the owner

of the real estate. List the real estate owner's name. _____.

(C). 6. Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

If additional space is needed, please make an attachment.

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%

(D).

7. Are the premises to be licensed located within an incorporated city or town? ☐ Yes ☐ No
If yes, list the name of the city or town. _____.
8. Is the entire license fee paid by the applicant and by no other person? ☐ Yes ☐ No
9. Is the applicant a corporation, limited partnership, or limited liability company, in good standings with the Kentucky Secretary of State? ☐ Yes ☐ No
10. Has the applicant(s) been licensed to sell alcoholic beverages? ☐ Yes ☐ No
If yes, list your state ABC license number(s)._____.
11. Has the applicant or any person named in statement 6 been convicted of any felony in the past five (5) years? ☐ Yes ☐ No
Has the applicant or any person named in statement 6 been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance in the past two (2) years? ☐ Yes ☐ No
If yes, **you must** attach a statement giving a full explanation, including dates of convictions.
12. Has the premises to be licensed or any person listed in this application had a ABC license suspended or revoked, or an ABC application denied? ☐ Yes ☐ No
If yes, **you must** attach a statement giving a full explanation, including dates of suspension, revocation or denial.
13. Give a brief description of the purpose for this special temporary license.
14. List the persons or non-profit, charitable, civic or political organization that will receive the proceeds from the sales of alcoholic beverages under this Special Temporary License.

(E).

AFFIDAVIT OF PERSON APPLYING FOR THE KENTUCKY ABC LICENSE(S)

I do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Department of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I also swear or affirm that no persons listed in Section D-7 of this application are in default of a repayment obligation, such as a student loan repayment, under any financial program administered by a Kentucky Higher Education Assistance Authority (KHEAA). KRS 164.772.

Signature of Applicant _____ Title _____ Date _____

Sworn or affirmed before me on this _____ day of _____, year of _____. My commission expires _____

Notary Public _____ County of _____, Commonwealth of Kentucky

(F).

OBTAIN SIGNATURE OF YOUR LOCAL ABC ADMINISTRATOR

Your Local ABC Administrator must approve this application schedule before it is forwarded to the State ABC. Take or mail this application schedule, fee and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Office in Frankfort, Kentucky

This certifies that the application(s) herein above named have been approved for the type(s) of licenses applied for and for the premises above specified.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR _____ DATE _____

City of _____ Administrator or the County of _____ Administrator

(G).

You may now forward this application schedule, all attachments, and your state license fee to:

Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850
Fax (502) 564-1442

ABC Temporary
01-19-10

Site ID #

TYPES OF LICENSES & FEES

Check ✓ the boxes for the type(s) of license(s) you are applying for.
To determine the ABC license fee(s), find the license type(s) in the left column, then move right across the table.

Attach a certified check, cashier check, or a money order.
Make check payable to: KENTUCKY STATE TREASURER
NO CASH!

LICENSE TYPE	PREFIX	✓	PER EVENT FEE
TEMPORARY BEER BY THE DRINK <i>Under Ky. Revised Statute KRS 243.290 & 804 KAR 4:250</i>	TB	<input type="checkbox"/>	50.00
TEMPORARY WINE BY THE DRINK <i>Under Ky. Revised Statute & Adm. Reg. KRS 243.260 & 804 KAR 4:250</i>	TW	<input type="checkbox"/>	50.00
TEMPORARY LIQUOR AND WINE BY THE DRINK <i>Under Ky. Revised Statute & Adm. Reg. KRS 243.260 & 804 KAR 4:250</i>	TD	<input type="checkbox"/>	100.00
TEMPORARY LIQUOR AND WINE AUCTION BY THE PACKAGE <i>Under Ky. Revised Statute KRS 243.036</i>	TA	<input type="checkbox"/>	100.00
TOTALS			

CHECK LIST

1. Have you attached a certified check, cashier check, or a money order, payable to: Kentucky State Treasurer? ☐ Yes ☐ No
We do not accept cash!
2. Have you answered each question fully and checked the type(s) of license(s) you are applying for? ☐ Yes ☐ No
3. Have you signed and had your application(s) notarized? ☐ Yes ☐ No
4. If the applicant is "For Profit", have you attached a letter from the non-profit, charitable, civic or political organization receiving the proceeds or benefiting from this event? ☐ Yes ☐ No
5. Have you attached a lease or letter of permission from the owner of the real estate? ☐ Yes ☐ No ☐ N/A
6. Have you had this application signed and approved by your local ABC Administrator? ☐ Yes ☐ No ☐ None

You may now forward this application schedule, all attachments, and your state license fee to:

Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850
Fax (502) 564-1442

<http://abc.ky.gov/>

KY ABC-Remittance Form
January 19, 2010

Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control
1003 Twilight Tr.
Frankfort, Ky. 40601-8400
<http://abc.ky.gov/>

(502) 564-4850 Phone
(502) 564-1442 Fax

If you are making payment with a credit card or by EFT please provide the following information.

Print Name (as it appears on credit card) _____ Telephone No. _____

Billing Address _____

Account Number _____ Expiration Date (Month and Year) _____

Check your method of payment

AMOUNT \$ _____.

☐ Visa ☐ MasterCard ☐ Discover

☐ EFT (Bank Name) _____, (Routing #) | : _ _ _ _ _ | : (Checking Account #) _ _ _ _ _ | :

Reason for your payment

☐ ABC Licensing ☐ STAR Training ☐ ABC Fine ☐ Tobacco Fine ☐ Open Records Request

Credit or apply this payment to: (Name) _____ (DBA) _____

Site I.D.# _____ License # _____ (Phone) (_____) _____ - _____.